

Thomas O. Forslund, Director

Governor Matthew H. Mead

April 1, 2014

Ref: RS-2014-008

<<Guardian, Parent, or Participant Name>> <<Address>>

<<City State Zip>>

Dear Waiver Participant, Parent, or Guardian:

The Wyoming Department of Health, Behavioral Health Division's Developmental Disabilities (DD) Section is sending this letter to notify you of your Individual Budget Amount (IBA) for the new Comprehensive Waiver. As you are aware, the Adult DD waiver will be ending September 28, 2014, and all Adult DD Waiver participants must switch to either the new Comprehensive Waiver or the Supports Waiver over the next five months.

If you wish to receive services through the new Comprehensive Waiver, please meet with your Case Manager to choose the services, supports, units, and providers in order to develop an Individualized Plan of Care. If you wish to choose the Supports Waiver, your case manager can work with you on developing a plan for that waiver instead. Your Case Manager should arrange to meet with you soon to schedule the team meeting and review new service options. By starting a new plan and signing the plan of care forms, you choose the waiver you want to go on.

Your new IBA for the Comprehensive Waiver listed below is based on 1) age group (0 to 21 and in school or ages 21+ and out of school); 2) your living situation (either living with family, in independent or semi-independent living, or in residential services); and 3) assessed level of service need (based on ICAP scores and prior plans of care). The budget reserved for case management is shown separately.

Participant name:	<< Participant Full Name>>
Age group:	21 or over and out of school
Living Situation:	Independent/Semi-Independent Living
Level of Service Need:	3.9
Services and Support Budget:	\$15,000.00
Case Management Budget:	+ 3,226.32
Total IBA (rounded up)	\$18.227

If you believe the assigned Level of Service Need or living situation incorrectly represents you, please contact your case manager. Your case manager may be able to assist you with submitting a request to the Division's Clinical Review Team (CRT) as long as the situation meets CRT criteria. CRT reviews additional assessments or documentation from you or your team that may support the request. More information on the CRT process and criteria and the IBA methodology is posted on the Division's website: http://health.wyo.gov/ddd/index.html.

You and your team will have approximately four (4) months from the date of this letter to develop a plan of care. However, the plan may be submitted as soon as it is completed. All plans must be submitted to the Division no later than August 27, 2014. If no plan has been approved by September 28, 2014, you will lose your funding opportunity, your case will be closed, and you will have to re-apply for waiver services.

Please contact the Division at (307) 777-6494 or 1 (800) 535-4006 if you have any questions about the process.

Sincerely,

Rory Schiffbauer Participant Support Unit Manager

c: Electronic Medicaid Waiver System (EMWS) Plan of Care File